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an cermicale de executed was	ending physician and campler carbonpopers. Pages 1 and 2 n, or remaval.	* 1 4 1
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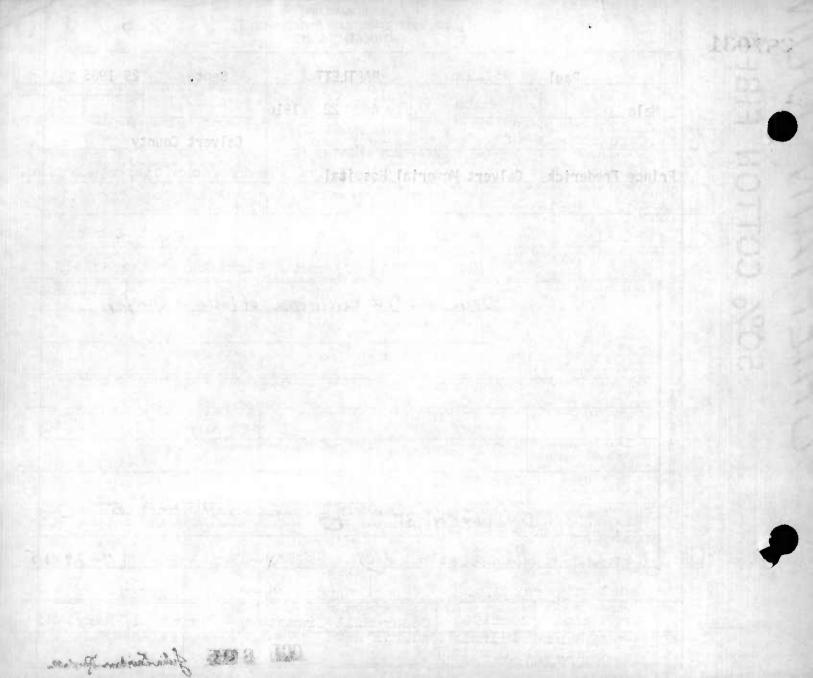
STATE OF MARYLAND FOR
- STATE
REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

		REGISTRAR							REG. NO	).		
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	-	.Carolina	USA		WIDOWE	D DIV	ORCED	Ca	lvert	County	0 10 10	MD.
6	10 CI	ITY OR TOWN OF DEATH		HOSPITAL, NURSING HEACILITY, GIVE STREET		R OTHER INSTI	TUTION	ITYPE OF WO	OCCUPATION FOR MOST OF	WORKING (IFE)	INDUSTRY	F BUSINESS OR
1		ince Frederick	Calve	rt Memor	ial Ho	spital		TV	Tech	nicia	ıRepa	ir Ser.
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907				Bartlet							Cart	er
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		No		240 16	5533	Mildr	ed A	Bart.	lett	Sam	e as	
		18 CAUSE OF DEATH Enter of PART I, DEATH WAS CAUS		line for (a), (b), an	dici			( )		0/	BETWEEN	IMATE INTERVAL ONSET AND DEATH
			TE CAUSE (0)	9, Clamon	s cu	Carcin	roma	of Po	esterio	rrhun	1114	
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		Conditions, if any, which	(b)_									
		gove rise to immediate couse (a), stating the	DUE TO, OF	R AS A CONSEQUE	ENCE OF							
		underlying couse lost	((c)									
	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED T	O THE TERMI	INAL DISEAS	SE OR COND	ITION GIVEN	IN PART 1:0	
	T O					F-1. 65						
1	CERTIFICATION	190. DATE OF OPERATION	19h CONDI	TION FOR WHICH	OPERATIO	WAS PERFOR	MED	20a AUT	OPSY?	20b. IF YES, V IN CERTIFYIN		
	RTIF							YES 🗌	NO	YES [		NO 🗆
-		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME O	FINJURY M. MONTH DA	AY YEAR	21c. HOW INJ	URY OCCURR	ED (ENTERN	ATURE OF INJUR	IN ITEM 18 PART	I OR PART 2)	
1	CAL	(IF EITHER NOTIFY MEDICAL EXAMIN		M	19							
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		220 I certify that this has	6 - 4- 1 4 4		Jan	uary	19_5	, to	yum	HV 2919	55	tha (we) lost
	1/3	sow the deceased alive a	ot) view the body	ofter death.	. on	d that in my	our) opinion d	leoth occurre	ed on the do	e and hour o	nd from the	couses stoted
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		Monaly 4.	Mai	nos	M	PH PH	TENDING HYSICIAN	DIRECTOR	PHYSICI	AN 🗌	19-	29-85
		22d PHYSICIAN'S NAME (TYPE			-	22e ADDRESS						B-7 %
		Ronald Thor	nas, M.	D.		Lusk	by, Ma	aryla	nd	2065	7	
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Wilhelm Funeral Home Maryland 14 FUNERAL DIRECT Robert E NAME Suitland

Cedar Hill Crematory

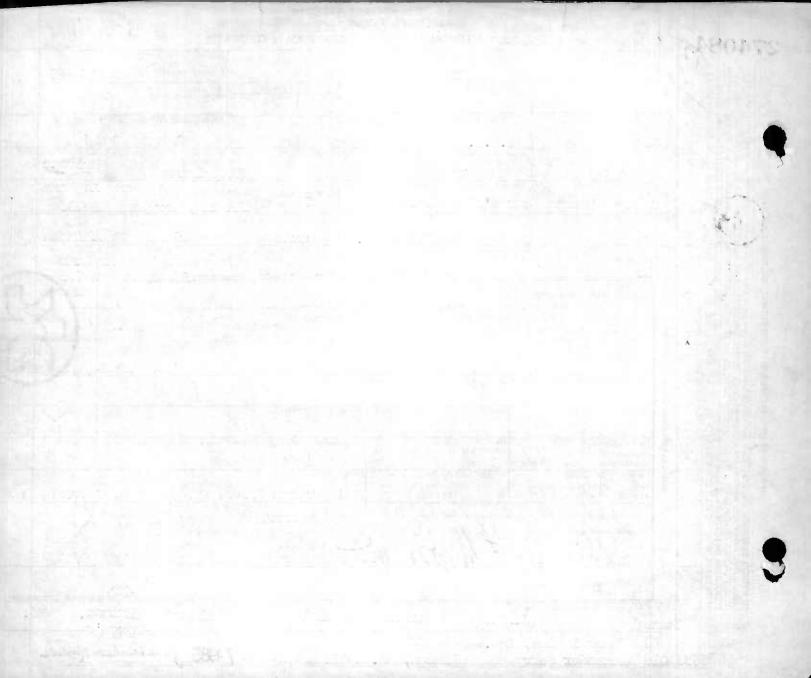
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SION OF VI	₹ J	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
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		abave (1) (we) (did) (did nat)	view the bady after death.		n death accurred an the date and	
ral OR y the h ral DIRI		220. SIGNATURE	Jonson 1	DEGRÉE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
O HOSPITAL C etained by the TO FUNERAL D should be detact with the State D		22d. PHYSICIAN'S NAME ITYPE OR P	RINT	PHYSICIAN 220. ADDRESS	DIRECTOR PHYSICIAN	17.26.05
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# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN® CERTIFICATE OF DEATH

F DEATH REG. NO.

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	HHYSHCIAN. The law requires that the death contribute betweented within 24 hours after death. Page 4 may be add an applicable.	this certificate has been signed by the esterialistic payable and completely filled in thy the Toweral illination page 3 is burnel-transit permit. Then please remove carbon deplets Pages. I and 3 should be filled within 72 hours after depth.
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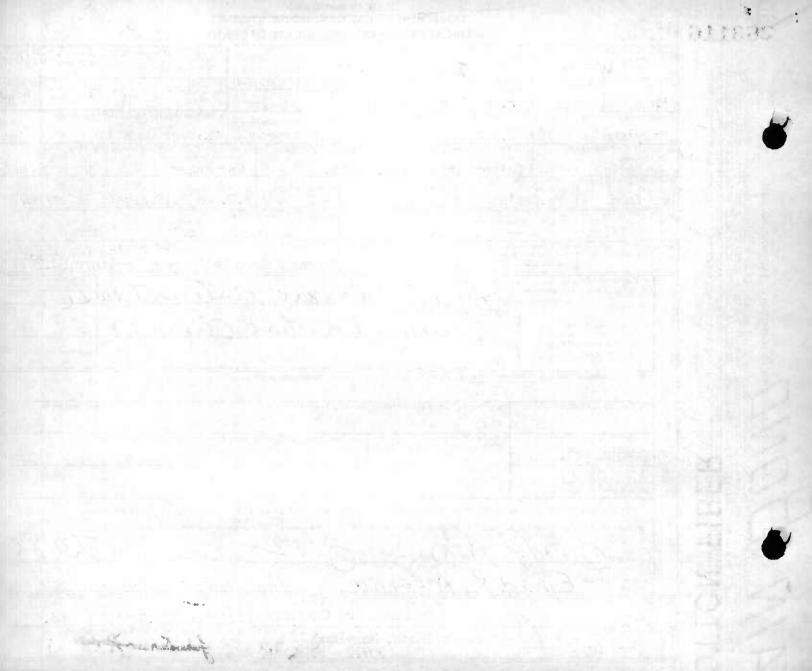
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24.	FUNERAL DIRECTOR	Joseph	Gawler'	s Soms,	Inc.			E REC'D. BY REGIST	RAR 256 REG	ISTRAR'S SIGNA	TURE	
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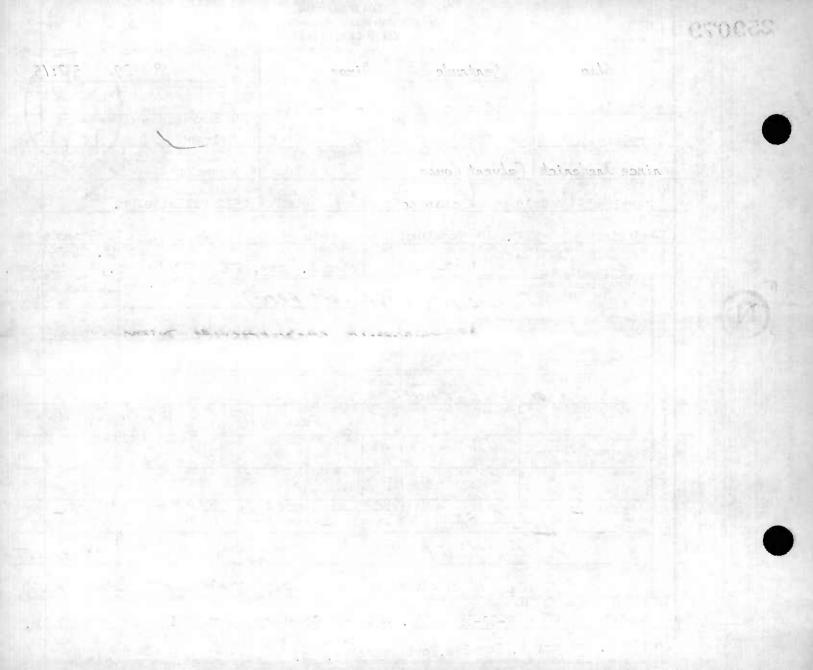
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X XXXX		CEASED NAME E OR PRINT)	filliam		Ehoma	19	Be1	LAST			20. DATE KI OF DEATH A	NOWN XX	MONTH 08	3 ] 8	5 6	26 HOUR :40pm
PLEASE ECTOR. FILES. HOURS	3. SEX	-	4. RACE	5. DATE OF BIRTH		6. AGE (IN Y	ARS IF L	NDER 1 YR.	IF UNDER	24 HRS.	2c. DATE		MONTH	DAY		2d HOUR
N 25 CER	Ma	ale	White	Feb. 8,	1926	59 Y	RS.	THS DAYS	HOURS	MIN.	PRONOUNC DEAD	ED	08	31	85	6:40
VECESSARY, JUREAL DIRE FOR YOUR WITHIN 72 BRESTON S	To BI	RTHPLACE (5)	ATE OR	76. CITIZEN OF W		TRY?	8. MAR	RIED   NE	VER MARR	IED 🗆	9. BALTIMO	RE CITY OR	COUNT	Y OF DEAT	TH	
S FOR YOUNGHIN		aryland	1	U.S.A.		Thef		WED 🔀	DIVORC		Calve					MD.
AD. 21201 H. IF ANY DELAY IS N. 2, AND 3 TO THE FL. 3. RETAIN PAGE 5 2 SHOULD BEHILD DIAL RECORDS, 201 W.	Pı	rince rederic		11. NAME OF HO (IF NOT IN SUCH F.  Calvert	ACILITY, GIVE S	TREET ADDRESS)			ITION	FOR /	JAL OCCUPA MOST OF WORKIN PPENTE:	4G LIFE)		Own I	DUSTRY	1
21201 F ANY DI AND 3 RETAIN RECORD RECORD	USUA 13a. S	L RESIDENCE	(IF IN NURSING HOME	OR OTHER INSTITUTION, G NTY Geo s	13 CITY	or town er lboro	ION)	13d. INSIDE C	CITY LIMITS?	13e STR	Box 3	5. Cres	scent	Driv	re/2	20772
4. F		THER'S NAME		MIDDLE	Mar			15. MOTH	ER'S MAIDE	N NAME	· DOR S	J, OLC.	JOCITO	DLI		.0112
SE S		Willi	am	WIDDLE	Be	11			Marga		Les	lie	W	latsor	1	
ALTIMO AFTER D SIVE PAG H FORM AGES 4	No. V	ES, NO, OR UNKNO	VEVER IN U.S. AF	RMED FORCES? E WAR OR DATES)	16b. SOC	CIAL SECURI	Y NO.	Thoma		son i	Pell=U	ost Of	fice	Box oro,	163 1d.2	20772
ECORDS, 201 W. PRESIDA B BE EXECUTED WITHNESS FADINGS IN PENGL INVESTED MEDICAL EXAMINES ALON ALTH AND MENTAL HYGES ALTH AND MENTAL HYGES CREMATION, OR REMOVAL		gove ris cause (a) lying cou		(b) C		ISEQUENCE (ISEQUENCE		SE OR CONDITIO	Year IN GIVEN IN PA	C (	Ship	las	ce			
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VITA SHOW WORD WING WING WING WING WING WING WING WING	TIFIC													YES		NO 🗌
PECATE SI THE WO THE COULD BE COULD BE		UNDERLYING	CAUSE WAS OR NG CAUSE OF		A. MONTH	DAY YEA		HOW INJURY	OCCURRE	D (ENTER )	NATURE OF INJUR	Y IN ITEM 18 PA	RT 1 OR PART	T 2)		
DIVISA HIS CERT WRITING ARDED VICE 25H VITE DEP/ VITE DE	MEDICAL	21d INJURY C		21e PLACE STREET, FAC	OF INJURY TORY, FARM, E		21f. L	STREET	1		CITY OR TOWN	4	COU	NTY		STATE
WNER: THE PORM		220 I certif		ge of the remains de	scribed abo		Auto	psy ,	Inspectio		Inquiry [		in my api	inian		
CAL EXAM THE CERTS THE CERTS SHOULD B RAL DIREC ATH, WITH RE, MARY		ACTUAL SIGNATURE	Qua	A B	Be	w			SPECIFY)		ICAL EXAMIN		DATE	8/3	110	85
TO MEDICAL E EXECUTI THE PAGE 4 SHO A TER CHEATH BACTIMORE		EXAMINER'S (TYPE OR PRIN	NT) _C//	rad R	Al	Banı	na	ADDRESS_			rederi	ck, Ma	aryla	and 20	0678	3
			TION, REMOVAL	23b. DATE		NAME OF CE				CITY	OCATION OR TOWN	(Dr. C	COUNT	TY	STAT	re
BP DHMH - 17 (VR A15 ME (5))	24 FL	Burial UNERAL DIRECT ICHard	A. Colem Home	9/5/85 nan -Upper		boro,				REC'D. BY	inton REGISTRAR	(Pr.Ge			Md.	
20M 4/B2		unerar	HOHE				VIII	100	S STATE OF	7 25	-0			-	T.	



269061	1,	FOR STATE	DEPART	STATE OF MARYLAND  MENT OF HEALTH AND MENTAL HY	GIENE 5	25/10
	'	REGISTRAR		CERTIFICATE OF DEATH	REG. N	10
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOU
noy be page 3 or death		Bernic	e Elizabeth	Bowen	- 20	9 13 85 11:4
- 2	3 SF	Female	White	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BE	RTHDAY) IF UNDER I YEAR IF UNDER
ectar urs of	1	remare	MITTOE	Oct 20 1898	86	YRS MONTHS DATS HOURS
7. Po	7a. B	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY			R COUNTY OF DEATH
death		Maryland	USA	WIDOWED DIVORCED	Calvert	
he f	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPAT	
filed by		rince Frederick	Calvert House	Nursing Home	Never V	1 1 1 1
no the	USU 13a.	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	RE ADMISSIONI	113e. STREET ADDRESS	0. 4
24	Ma	ryland Calve	rt Prince F	reder. YES NO	Wayne Gil	son Rd. 406
E CERCAL	JA)F	ATHER'S NAME	LAST	15. MOTHER'S MAIDER NA		
P CONT	1	McHenry Biben	BOWEN	Martha	Fowler	LAST
No.	16a \	WAS DECEASED EVER IN U.S. ARAYES, NO OR UNKNOWN) (15 YES, GIVE	MED FORCES? 166 SOCIAL SEC		ADDR	ESS
9 5 7		NO ////	212 01	4015A Dorothy Gi	ibson same	as # 13
ote l		18 CAUSE OF DEATH (Enter onl	y one couse per line for (a) (b), a		4-	APPROXIMATE INTER
phy phy in population properties and	16	PART I. DEATH WAS CAUSED	BY.	eles stor NA of	ise - 0	SIS WELL CHOSE AND
dring arbo or re		WONE DIA		reversion of		
deoth attend ave co tion, o		Conditions, if ony, which	DUE TO, OR AS A CONSEQU	JENCE OF		
he at emay matic		gove rise to immediate couse (a), stating the	(b)		***************************************	
by t by t l, cre othe		underlying couse lost	DUE TO, OR AS A CONSEQU	JENCE OF		
ined I pleo puriol y, or o		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART 1 -
n sign Then to bi	NO.				MINAL DISEASE ON CON	DITION GIVEN IN PART ITO
1 1111	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20h IF YES, WERE FINDINGS USED
25 281 17	TE				YES IN NOT	IN CERTIFYING CAUSES OF DEAT
40 M - 41 T - W - E	E S	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21¢ HOW INJURY OCCUR		
THE STATE OF THE S						
CON T		OR CONTRIBUTING CAUSE OF DEAT		AY YEAR		
ding physicistics is zerificate burial hages when 18 and or fees 1		OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M.	19 211 LOCATION		
SECIAL PARTIES OF THE	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19 211 LOCATION	CITY OR TO	wn COUNTY S
A Paris A		(IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE   NOT WHILE   AT WORK   AT WORK	P.M.  21e. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE,	19 211 LOCATION STREET		
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A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (I) (this hospity saw the deceased alive an obaye, (I) (ye) (did) (did not obaye)	P.M.  71e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	PARM, ETC.) 211 LOCATION STREET  November 3 , 19 77  35 , and that in (my) (our) apinion	to Septemb	er 13 19 19 19 19 19 19 19 19 19 19 19 19 19 19 19
to OR ATTENDING PHYSICIA the boopino or ortending ph DBECTOR, After this certifi tached for use as the Burial ri to Dopt, of Health and Mental if frem 21 is marked or term?		(IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (II (this hospite	P.M.  71e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	PARM, ETC.)  211 LOCATION STREET  NOVEMBER 3, 19, 77  35, and that in (my) (our) opinion  DEGREE  ATTENDING	to Septemb	er13, 19.85, that (I) (value and from the couses state and hour and from the couses state and the couse state and t
to OR ATTENDING PHYSICIA the boopino or ortending ph LDRECTOR, After this certifi tached for use as the Burial ri to Dopt, of Health and Mental if frem 21 is marked or term?		(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE NOT WHILE 1 AT WORK  22o.1 certify that (II (this hospith sow the deceosed alive an above, (I) (we) (did) (did not 22b. SIGNATURE)	P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, DI) ottended the deceosed from 9/13/ (view the body after death.	FARM, ETC.)  211 LOCATION STREET  NOVEMBER 3 19 77  DEGREE  ATTENDING PHYSICIAN [	, to Septemb	er13, 19.85, that (I) (value and from the couses state and hour and from the couses state and the couse state and t
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PTAL OR ATTENDING PHYSICIA by the hospitol or otherding ph ERAL DIRECTOR, After this certifi e directived fee use as the birriad it State Dept. of Health and Mental NVE. If them 21 is marked or them.)	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE NOT WHILE 1 WORK  22a. Tertify that (I) (this hospitt sow the deceosed alive an obaye, (I) (we) (did) (did not 22b. SIGNATURE)  22d. PHYSICIAN'S NAME (TYPE OR	P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, DI) ottended the deceosed from 9/13/ (View the body after death.  PRINT)	PAR 19  211 LOCATION STREET  November 3 19 77  5 ond that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN [ 272e. ADDRESS	to Septemb death occurred on the d MEDICAL STA DIRECTOR   PHYSIG	er13, 19.85, that (I) (value and from the couses state and hour and from the couses state and the couse state and t
1. OR ATTENDING PHYSICIA the bospitol or otherding ph 1. DRECTOR, After this certifi tabbed for use as the burial ri- togst, of Health and Mental if frem 21 is marked or frem.)	WEDICAL WEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE NOT WHILE 1 AT WORK  22o.1 certify that (II (this hospith sow the deceosed alive an above, (I) (we) (did) (did not 22b. SIGNATURE)	P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, DI) ottended the deceosed from 9/13/ (View the body after death.  PRINT)	FARM, ETC.)  211 LOCATION STREET  NOVEMBER 3 19 77  DEGREE  ATTENDING PHYSICIAN [	to Septemb	ote and hour and from the couses sto  22c. DATE SIGNED  9-14-95

259079	1	FOR - STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	5/11
be oge 3		CEASED NAME FIRST ALMA	Ger	rtrude	1	ixom	20. DATE OF DEATH MONT	120 1100K
e 4 may ctor. pa s offer d	3 SE	x Female	4 RACE Whit		5 DATE (	OAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN
th. Pog		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8	- 24 - 1902  □ NEVER MARRIED □	9 BALTIMORE CITY OR CO	OUNTY OF DEATH
ofter deo	10 C	laryland ITY OR TOWN OF DEATH  ince Frederick	_IF NOT IN SU			DR OTHER INSTITUTION	Calvert  12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WOR HOMEMAKER	MD.  12b. KIND OF BUSINESS OR INDUSTRY
BALLIMOKE, MAKTLAND 2120  Ill alted within 24 hours  Ill and completely filled in by  Cod 2 should be filled  Ill alter exeminer must be by	USU 13¢.	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN Maryland Ca	OTHER INSTITUTION		N	13d INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS 2562 Hillsid	ie Dr. 30539
makru ted with		ATHER'S NAME PREST enjamin	MIDDLE M.	Woodburn	า	Sarah	ME Jane	Evans
MOKE,		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	213-10-8		17 INFORMANT Helen W. Grav	ADDRESS	Md. 20639 de Dr., Huntingtown
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE		er line lar (a), (b), and	tevil	HONARY ARRE		APPRÖXUMÄTE INTERVAL BETWEEN ONISET AND DEATH
he call		Conditions, if ony, which gave rise to immediate	DUE TO, 0	ACTERIOS	NCE OF	TIC CARDION		SEAKI-
ed by the please remind, or othe		couse (a), stoting the underlying cause last.	(e)_	OR AS A CONSEQUE				
require	TION	PART 2 OTHER SIGNIFICANT C		ALEMIA	-			
The low cion.  The hos bit is permitted by giene properties of the permitted by the permitt	CERTIFICATION	19a. DATE OF OPERATION		DITION FOR WHICH			YES NO	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES \( \text{\ballet} \) NO \( \text{\ballet} \)
G PHYSICIAN: The low requirent by this certificate has been sugar the buriel-tronsit permit. They and Mental Hygiene prior to ked or them 18 shows ony injury	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A	DF INJURY V.M. MONTH DA V.M.	Y YEAR		RED (ENTER NATURE OF INJURY IN IT	EM 1B PART I OR PART 2)
NG PHY offer this os the bu	MED	21d. INJURY OCCURRED  WHILE OCT WHILE OF AT WORK		OF INJURY TREET, FACTORY, OFFICE, FA	ARM, ETC )	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDI spital or CTOR: A Ifor use of Heol		220.1 certify that (I) (this hospi sow the deceased alive on abave, (I) (we) (did) (did no	AVG.	28 10	SF1	d that in (my) (our) opinion (	deoth occurred on the date an	nd haur and from the couses stated
ALOR, the ho ALDIRE detoched		22b. SIGNATURE	1/4/	Weigel		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN (	221 DATE SIGNED
TO HOSPITAL of HOSPITAL of February that the Store Limportant is should be detoo with the Store Limportant: if		22d. PHYSICIAN'S NAME TYPE O		4. 4 ZIG	Qui,	22e. ADDRESS 36 X 262	-CARNET	FREDERICK, Sid
BP	23a f	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 09-03	23c N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION	Anne Arundel Md.
DHMH - 16 50M 1/B1 (VRA 15, 4)	Do Do	nald V. Borgwar	dt, Box				E REC'D. BY REGISTRAR 25b. R	

STATE OF MARYLAND



#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

2	5	1	1	2
Sec. and	-			

1985

IF UNDER 1 YEAR

INDUSTRY

Rest.

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

BALTIMORE CITY OR COUNTY OF DEATH

Calvert

LIMPE OF WORK FOR MOST OF WORKING LIFE

13e.STREET ADDRESS / ZIP CODE

Box 140, 20615

MIDDLE

26 HOUR

126 KIND OF BUSINESS OR

8:35P

Owner

- STATE REGISTRAR			CERTIFICATE OF DEATH	REG. NO.
DECEASED NAME	FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH
TIPE OR PRINT)	Sadie		ELLIOTT	September 13
SEX	4. RA	CE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)
Female	I	White	111 - 15 - 1904	80

Female TO BIRTHPLACE (STATE OR FOREIGN Maryland

10. CITY OR TOWN OF DEATH

Maryland

4. FATHER'S NAME

Luther

N/A

Canditians, if any, which gave rise to immediate couse (o), stoting the underlying cause lost

Calvert

MIDDLE

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE

Bruce

Calvert Memorial Hospital 13b COUNTY

7b. CITIZEN OF WHAT COUNTRY

USA

Broome's Isld 15. MOTHER'S MAIDEN NAME

Mister

219-42-4136

anibi

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

WIDOWED

Mary 17 INFORMANT

Tes biroto

DIVORCED [

Waterman

Matilda Suite

Edward L. Ellictt, Box 140, Broome's 151d.Md

	and completely f.	ages Jeged 2 sho	
4	by the attending appreciant	ise remove corbonages. Po	, cremation, or removal
retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending unymore and complitely the	should be detoched for use as the buriol-transit permit. Then please remove carbon attends the part of the	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

Access to the second					
190 DATE OF OPERATION	Decusity		20a AUTOPSY?	201. IF YES, WERE FINDING IN CERTIFYING CAUSES O YES	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	VN COUNTY	\$1.4
22a.1 certify that (1) (this haspital)	ottended the deceased from	1987	to	, 19, th	nat (1) (we

abave, (1) (we) (did) (did nat) view the body after death 22b. SIGNATURE

METENDING

PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22¢ DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL

Burial

23c. NAME OF CEMETERY OR CREMATORY Broome's Island Meth.

Broome's

Island.

DHMH - 16 60M 7/84

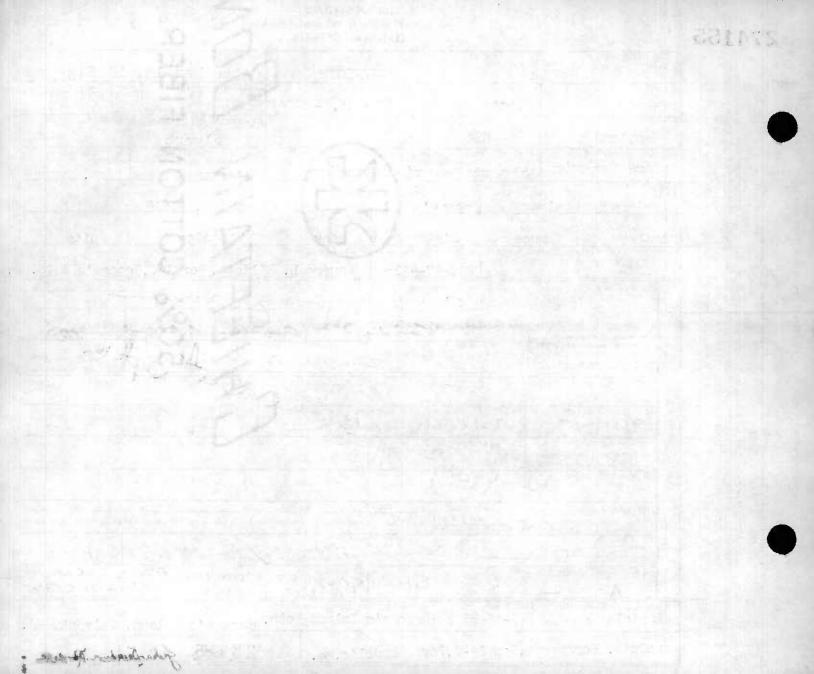
MPORTANT. IF

24 FUNERAL DIRECTOR Donald V. Borgwardt, Box 34-B, Port Republic, Md

9-16-85

23b. DATE

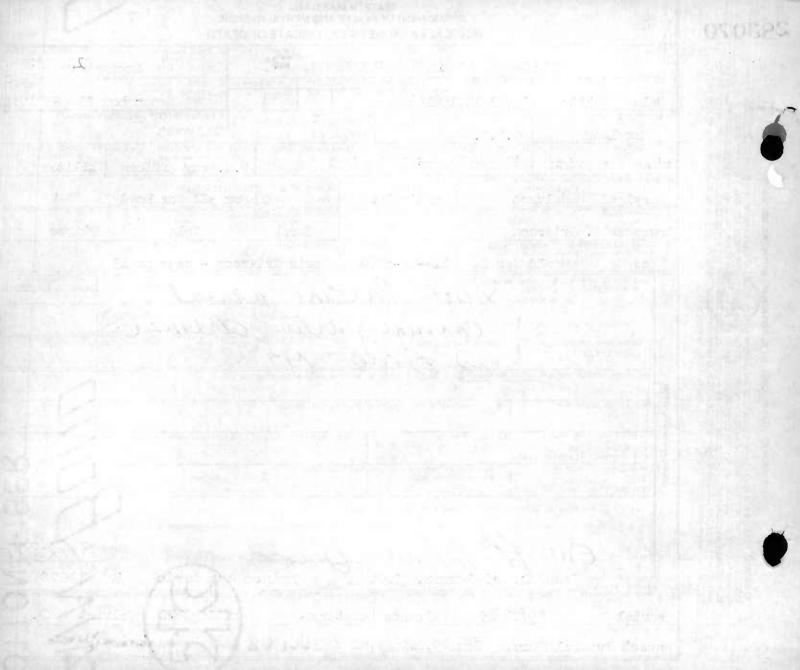
(VRA 15, 4)



263060	1.	FOR - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	5 / 1 3
ay be age 3 deoth		CEASED NAME FIRST MILA	red B	Goodall	26. DATE OF DEATH MONTH 09	03 85 26 HOUR 631P
ge 4 may	3 SE	x Female	white	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
eoth. Page		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY Calvert	Y OF DEATH
s offer d	_	ince Fred.	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET / Calvert Memor	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LI	126 KIND OF BUSINESS OR INDUSTRY
24 hour	USU. 13a	AL RESIDENCE (IF NURSING HOME OR STATE MD 136 COUNTY	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	13. STREET ADDRESS / ZIP CODE	UP /20714
MARYLA within	14 FA	ATHER'S NAME FIRST	MIDDLE DUNCAL	15 MOTHER'S MAIDEN NAM	ME	LAST
MORE, e execut		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU			thes. Beach,
T., BALT  Inficote b  physic and poper  mayor  vent, the		PART I. DEATH WAS CAUSE	nly one cause per line for 101, (b), and			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the death certinal the other death certinal by the attending ease remove carbool, cremation, or retreatment troumotic error		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR 45 A CONSEQUE	ong Congestive	heast failure	approx.
TAL RECORDS, 20 The low requires folion. The hos been signer sit permit. Then pl signere prior to bury, or shows any injury, or	CERTIFICATION	PART 2 OTHER SIGNIFICANT OF PART & COLOR OF OPERATION	L' Sensoc LOYE	EATH BUT NOT RELATED TO THE TERM  - AUTHOR CO P D  - AUTH	200 AUTOPSY? 206 IF YES	EN IN PART 110  THE LITTLE STATE OF THE STAT
ON OF VITAL  INSTITUTE THE STREET OF THE STR		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 F	PART I OR PART 2):
DIVISION OF VIT  DING PHYSICIAN: or attending physic e of the burial-from bith and Mental Hyg marked or them 18 s	MEDICAL	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
OR ATTENDIN OR ATTENDIN DIRECTOR Af sched for use o Dept. of Health		saw the deceased plive on	tal) attended the deceased fram  19 11 view the body ofter death.	3. and that in (my) (our) opinion	death accurred on the date and have	19.8 , that (1) (we) lost ond from the causes stated
	e	226 SIGNATURE	usas		MEDICAL STAFF DIRECTOR   PHYSICIAN	220 DATE SIGNED 9.3.85
TO HOSPITAL retoined by II TO FUNERAL should be det with the State MPORTANT:		Zahir Yous		P.O. Box 1	289 Waldorf, 1	MD 20601
BP	23a E	BURIAL, CREMATION, REMOVAL SPECIFY)	9/6/85 50	AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF JOWN DUNKINK	county Calvert MD
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FU	uneral director ausch Fune	ral Home C	OWINGS, MD SEP	E REC'D. BY REGISTRAR 256 REGIST	RAR'S SIGNATURE

DOGENS. THE CONTRACT OF THE SALE AND AND A SALE OF THE PROPERTY. BY THE BOARD PRINTED AND THE BEST 

283070	1 - 5	OR TATE EGISTRAR			ST DEPARTMENT O DICAL EXAM	FHEALTI		HYGIENE OF DEATH	2 5 REG. NO.	116	
ASE OR: JRS ET,	1. DEC	EASED NAME OR PRINT)	Will:			GRIEF	SON, JR	7e. DAT OF DEAT	E KNOWN MOR	tentes	1985:45
FOR YOUR FILES. WITHIN 72 HOURS WITHIN 72 HOURS PRESION STREET.	7a BIR	le Whi	ite .	April 12		YRS.	HS DAYS HOURS	O DAIT	UNCED	er 23 19 85	10:45
18 NECESSA HE FUNERAL GE 5 FOR Y EED MITHIN	10. CIT	Maryland Y OR TOWN OF DE			PITAL, NURSING HO	WIDOV ME, OR OTH	ER INSTITUTION	Cal	vert		MD.
TO THE FIGURE OF	USUAI 13a. ST	ATE	URSING HOME OR	OTHER INSTITUTION, GI	MENOCIA I  VE RESIDENCE BEFORE ADM  13c. CITY OR TOWN	SSION)	13d. INSIDE CITY LIMITS?	U.S.Arn	y Officer	Milita 206	
ESH FA	14. FA	ryland THER'S NAME PERST TENCE A.		MIDDLE	Huntingt	own	YES NO X  15 MOTHER'S MAIL FIRST  Sarah	DEN NAME	Cox Road	Phipps	
BALTIMOI S AFTER DI GIVE PAG TH FORM PAGES IV VISION O	16a W {YE	AS DECEASED EVER 5, NO, OR UNKNOWN) CES	IN U.S. ARME	D FORCES?	214-18-8		17. INFORMANT	ierson -	ADDRESS same as 1		
EXECUTED WITH A 24 HOLD IN THE EXAMINE A 24 HOLD IN THE EXAMINE A GONG WE HAVE A THE EXAMINE A GONG WATTON, OR REMOVAL.		Canditians, if gave rise to cause (a) statin lying cause last	VAS CAUSED & IMMEDIATE  any, which immediate g the under-	BY: CAUSE (9) DUE JO, OR (b) DUE TO, OR	for (a), (b), and (c).)  AS A CONSEQUENCE  AS A CONSEQUENCE  OUT NOT RELATED TO THE T	The	deric artin E OR CONDITION GIVEN IN	arrio did	unce	APPROXIMA BETWEEN ON!	ITE INTERVAL
HTAL RECO	CERTIFICATION	190 DATE OF OPER	ATION	196. CONDIT	ION FOR WHICH OF	ERATION W	AS PERFORMED?		V.	20 AUTOPS	
ISSION OF VIT. REPERFICATE SHE ING THE WORR SHOULD BE UP EPARTMENT O EPARTMENT O	15	216. EXTERNAL CAL UNDERLYING CONTRIBUTING 2 216. INJURY OCCUP	OR CAUSE OF DE	ATH P.M	MONTH DAY YE	AR	OW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18 PART 1 O	R PART 2]	
TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PACE 4 SHOULD BE FORWARDE TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DI BALTIMORE, MARYLAND, 212019		22a. I certify that death resulted fran ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	n: Notural  MA  Emad	af the remains desi	B/Sau anna, M.	Autop Suicide	sy, Inspect , Hamicide TiTLE (SPECIFY)  ADDRESS	MEDICAL EX.	ry , and in m manner ,  AMINER SK  Lerick, M	TE SIGNED 3/0	23/15 8
BP DHMH - 17 (VR A15 ME (5))	Bt 24 FU	RIAL, CREMATION, ecity) urial NERAL DIRECTOR NAME usch Fune	9	/26/85	Mirands x 45,0wing	Ceme	tery 250. DATE	13d LOCATION Hunting E REC'D. BY REGIST			STATE MD.
20M 4/82											



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 263065 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2g. DATE KNOWN MONTH 2b HOUR (TYPE OR PRINT) ESTI-DEATH MATED 5 19 85 6:01 Gladys Marie HACKETT 4 RACE 6 AGE (IN YEARS Stremale IF UNDER 24 HRS 2d HOUR DATE PRONOUNCED DEAD September 5 "Jan 25, 1915 White LANT (THOAY) 10 85 6:01 TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED oferore" USA Calvert DIVORCED 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 20. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (NF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Calvert Memorial Hospital SORTHELISTRY Retain PRKING LIFE Prince Frederick HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION] 130. SMaryland 136CAYVert THEFTEWN 13d. INSIDE CITY LIMITS? 13e STROGT ADDRESS YES [ NO P 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME T. PAGES 1. AND 2 DIVISION OF VITA GES 1, LAST FIREUNK. MIDDLE Graham LAST Harry S AFTER DEA GIVE PAGES ITH FORM R 164 SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, ONTHERNOWN) (IF YES, GIVEWAR ON OXIES) 17. INFORMANT ADDRESS 15808 Manor Lane Bowie CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT.
DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D
I P. I.C. TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY?

DIVISION OF VITAL RECORDS, 201 W. INER: THIS CERTIFICATION THE WORD TRIVELY FICATE, WRITING THE WORD TRIVELY FORWARDED TO THE CHIEF MEDICAL FORWARDES SHOULD BE USED AS A BUTTON OF HEALTH AND THE WORLD EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR, PAGE 3 AFTER DEATH, WITH THE STATE DE BALLTMORE, MARYLAND, 21201 P

211 LOCATION STREET Autopsy Inspection Homicide Suicide Undetermined manner JITLE (SPECIFY) MEDICAL EXAMINER Prince Frederick, Maryland

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

remation	Sept	5,	1985"	Cedar	Hill
William Dieservon					

21b. TIME OF INJURY

HOUR A.M. MONTH DAY YEAR

21e PLACE OF INJURY (AT HOME

STREET, FACTORY, FARM, ETC.)

38181 LEand P G. aMd.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

**DHMH** - 17 (VR A15 ME (5)) 20M 4/82

24 FUNERAL DIRECTOR NAME AND OWINGS

22a. I certify that I took charge of the remains described above, held an

Natural causes

EXAMINER'S NAME Emad R. Al-Banna, M.D.

21a. EXTERNAL CAUSE WAS

CONTRIBUTING CAUSE OF DEATH

NOT WHILE

UNDERLYING OR

death resulted from:

AT WORK

MEDICAL

BP

Cem.

una Davidson-Mandala

YES 🗌

NO [

STATE

STATE

FOR - STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

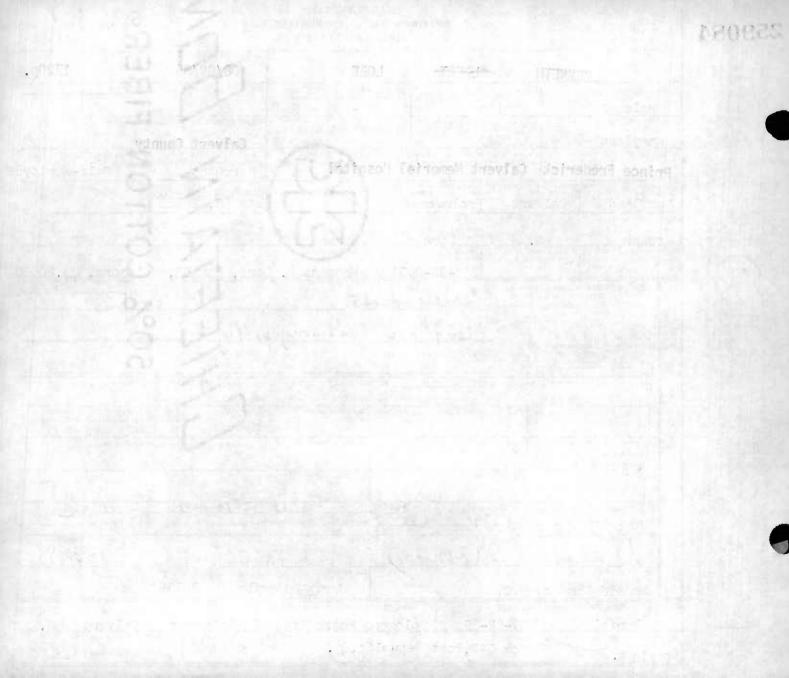
O C

	REGISTRAR			CE11111	I CATE OF	PEATH		REG. NO.					
	CEASED NAME FIRST		NIDDLE	L	AST		2a DATE C	F DEATH M	ONTH	DAY	YEAR	2b HO	JR
-		. HOLMES						09		06	85	9:0	)1P M
SE.		4 RACE		5. DATE C		YEAR	6. AGE (IN	YEARS LAST BIRTHE	DAY)	MONTHS	DAYS	IF UNDER	MIN.
	INTHPLACE (STATE OR FOREIGN	WHITE	VHAT COUNTRY?	12	12	98	86		YRS.				
	COUNTRY		VHAT COUNTRY?		NEVER		BALTIMO	ORE CITY OR	COUNT	Y OF DE	ATH		
	y Land	USA 111. NAME OF H	OSPITAL, NURSING	WIDOWE		NORCED [		ERT COL		104	KIND O	COLLCIA	MD.
PR	RINCE FREDERICK	CALVERT	MEMORIAL	HOSF		THOTION		RK FOR MOST OF W		FE) IND	ustry Wn H	f BUSIN	ESS OK
13a. S 1ar	ryland Pr.	NTY	TO STATE OF TOWN  Mar I boro		13d. INSIDE (	NO 🗌	1460	address / z 7 Dunba				207	772
	ATHER'S NAME FIRST Jacob	MIDDLE	Altvater			S MAIDEN NA FIRST .OSE	ME	WIDDLE		Į	Jnkn	own	
6a V	VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	16b. SOCIAL SECUR		A, Cla	rk Holn	mes M.I	1460 Uppe	7 Du	inbai	cton	Dri	ve 20772
CERTIFICATION	Conditions, if any, which gave rise to immediate cause iol, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION	CONDITIONS CO	AS A CONSEQUENTRIBUTING TO DI	EATH BUT	10	TO THE TERM	MINAL DISEAS		ION GIV				
ERTIFIC	21a ACCIDENT WAS UNDERLYING	7 21b. TIME OF	INTUIDY		121. HOW/IN	HIDV OCCUP	YES 🗌	NO	N CERTIF YE	YING C	AUSES		
MEDICAL C	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify 1bot (1) (this hosp say 1be degeosed alive on aboye. (1) (by ) (did) (did not aboye. (1) (by ) (did) (did not aboye.	HOUR A.M. P.M.  21e PLACE C (AT HOME STRE	N. MONTH DAY  IF INJURY  ET, FACTORY, OFFICE, FAI  deceased from	91	211. LOCATION STREET		, to	CITY OR TOWN		19	INTY	hat (1) (v	
	226 SIGNATURE 226 PHYSICIAN'S NAME (TYPE Craig Jesch	July	- iy	). [	22e ADDRES	ATTENDING PHYSICIAN E			073		P/S	18	7
É	urial, cremation, removal specify Burial	23b. DATE 9/10/8.			netery or o			ATION ORTOWN OTWOOD		PG	Y	Š	TATE OF
	chard A. Coleman	an Funera	al Home U	pperMaryla	lar 1587	92 EP 1	3 198	REGISTRAR 256	. REGIST	RAR'S S	IGNATU	JRE	Ä

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

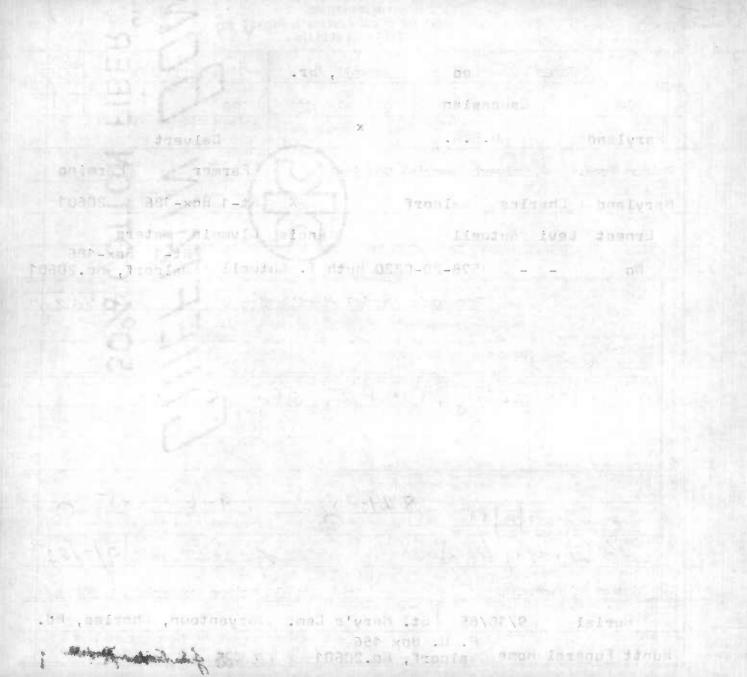
STANFAR HTM.



26 4035	FOR 1 - STATE REGISTRAR		DEP	ARTMENT OF HEA	F MARYLAND LTH AND MENT ATE OF DEAT		S REG. NO	2 5	7 1	9
o 64	1. DECEASED NAME	FIRST	WIDDLE	LAST	C			AONTH DAY	1.5	b. HOUR
noy be poge 3		James	Leo		vell, 51			9 06		415P M
ctor. p	3. SEX Male	4. RACE	aucasian	5. DATE OF E		9 6 AG	E (IN YEARS LAST BIRTH	YRS		HOURS MIN.
9	70 BIRTHPLACE (STATE COUNTRY)  Maryland		U.S.A.	MARRIED WIDOWED	NEVER MARR	IED 7	TIMORE CITY OR		FDEATH	MD
1139	Prince Fre	d. Ca	ME OF HOSPITAL, NU NOT IN SUCH FACILITY, GIVE LIVERT Memo	URSING HOME OR OSTREET ADDRESS!  Orial Hosp	OTHER INSTITUTI	ION 12a. U	SUAL OCCUPATION OF WORK FOR MOST OF	N	126 KIND OF INDUSTRY Farmi	BUSINESS OR
11 to 24 to 25	USUAL RESIDENCE (IF NO 130 STATE Maryland	THE COUNTY Charle	13c. CITY OR	iorf	INSIDE CITY LI	K R	REET ADDRESS /	ZIP CODE	206	01
080	14 FATHER'S NAME FIRST Ernest		Vutwell LAST				Lympia	Water		
and	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR	DATES	SECURITY NO. 17	Ruth T.	. Nutwe	ADDRA 211 We	_	30x-18 f, Md.	20601
I NET	18 CAUSE OF DEA PART I. DEATH	WAS CAUSED BY	Double per line for tal, the	onia Atri	ol Fibr	illation	935-16	1196	BETWEEN ON	SET AND DEATH
		IMMEDIATE CAUS	E TO, OR AS A CONS		ar ribr	IIIacioi	1		- 10	xasys
the deat the atten- remarkan.	Canditions, if ar gave rise to in cause (a), sta	my, which mmediate ting the DU	(b)E TO, OR AS A CONS							
as they please most, o	underlying cou		IC)IONS CONTRIBUTING	TO DEATH BUT NO	OT RELATED TO T	HE TERMINAL D	ISE ASE OR COND	ITION GIVEN	IN PART 1/a	
requirement signal or to the control or to the c	andre of OPER	Myns	CONDITION OR W	C.O. P	.5.	ald	stro	le		
The low on the spirit permit the primare or nows or	19a DATE OF OPER	ATOM O	CONDITION BOR W	HICH OPERATION V	VAS PERFORMEL		AUTOPSY?		VERE FINDING NG CAUSES O	
CLAM: To be vision of the visi	OR CONTRIBUTING	CAUSE OF DEATH HO	TIME OF INJURY OUR A.M. MONTH P.M.	DAY YEAR	Ic. HOW INJURY	OCCURRED (E	NTER NATURE OF INJURY	IN ITEM IS PART	I OR PART 2)	3718
3 PHYSI tife ding er t the liur and Min ked ar h	21d INJURY OCCU	JRRED 21e.	PLACE OF INJURY HOME STREET, FACTORY, OF	21	I LOCATION STREET	37 - 1	CITY OR TOW	N	COUNTY	STATE
DING Paratter the as the alth and marked	WHILE NOT AT V		nders the demosed fr	8-29	65		9-6	100	55	
Spital CTOR. I for us of He		ased olive on [ (did) (did nat vie 1	Control of the Contro	19, and t	hat in (my (aur)	apinian deoth a	ccurred an the dat	e and hour ar	nd from the co	uses stated
ERAL OR /	226 500	anh	, lus			DING MED	ICAL STAFF	AN 🗌	9/7/	185
O HOSFII TO FUNE should be with the Si		NAME (THE OF PRINT)	M Di		ADDRESS	- 610 0		1	17	570
5 5 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	230. BURIAL CREMATION	F. Lusby,		23c NAME OF CEM			ince Fre	gerick	MD 206	1/8
BP	(SPECIFY) Buri		/10/85	St. Mar			ryantow	n, Chi	erles,	MH.

P. Dass Box 156
Huntt Funeral Home Waldorf, Md.20601

DHMH - 16 60M 7/84 (VRA 15, 4)



#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	Э.		
	CEASED NAME	FIRST	٨	AIDDLE	L.	AST	2a. DATE OF DEATH	MONTH	DAY YEAR	2h HOUR
(1161	OR PRINT	Emma		Frances	]	PITCHER	Septembe:	r 2,	1985	7:10P <sub>M</sub>
1. SE	X.	4	RACE		5 DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
-	emale		White		July	25, 1903 YEAR	82	YRS.		HOURS MIN.
	ETHPLACE (STATE OR	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DEATH	
_	aryland		U.S.A.		WIDOWE	- Named	Cal	lver	t	MD.
	ince Frede		(IF NOT IN SUCI	OSPITAL, NURSING FACILITY GIVE STREET,	DDRESS)	Spital	120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF WIFE			aker
13a	AL RESIDENCE (IF NUR	13b COUNTY Calver		GIVE RESIDENCE BEFORE 13c CITY OR TOWN Broomes	V		130 STREET ADDRESS A			
1	THER'S NAME Lson Barre	tt	DLE	LAST		Rose Elliot			LAS	î
No.	VAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARME		218-18-5		17 INFORMANT Carol Roberts	115 Armon s Prince Fi			. 20678
	Canditians, if any gave rise to imcause (a), statiunderlying cause	, which mediate ng the last.	DUE TO, OR  (b)  DUE TO, OR  (c)	AS A CONSEQUE	NCE OF	Congesti	ve Card	nicm;	to board	/342s
NOI			nditions <u>cc</u>	INTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GI	IVEN IN PART 10	a
THECAT	9a DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	IN CERT	ES, WERE FINDIN TRYING CAUSES YES []	
MEDICAL CER	210 ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DEATH	HOUR A.	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18	PART I OR PART 2)	
MED	21d INJURY OCCUR	HILE		EET FACTORY, OFFICE FA	RM ETC )	214 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	22a   certify that (1) saw the decease abave, (1) (we) (	ed alive an	7	deceased from 31 19 3 after death	<b>\$</b> _, ar	nd that in (my) (aur) apinian	death accurred on the de	ate and ho	, 19 our and fram the	that (1) (we) last causes stated
	22b. SIGNATURE	sene	- 5	2.8m	2	DEGREE DATTENDING	MEDICAL STAF	-F	220 DATE	-3-85
	22d. PHYSICIAN'S N	AME TYPE OR PE	IINT)			The ADDRESS		123		MIGULE.

DHMH - 16 60M 7/B4 (VRA 15, 4)

Atul Shah, M.D.

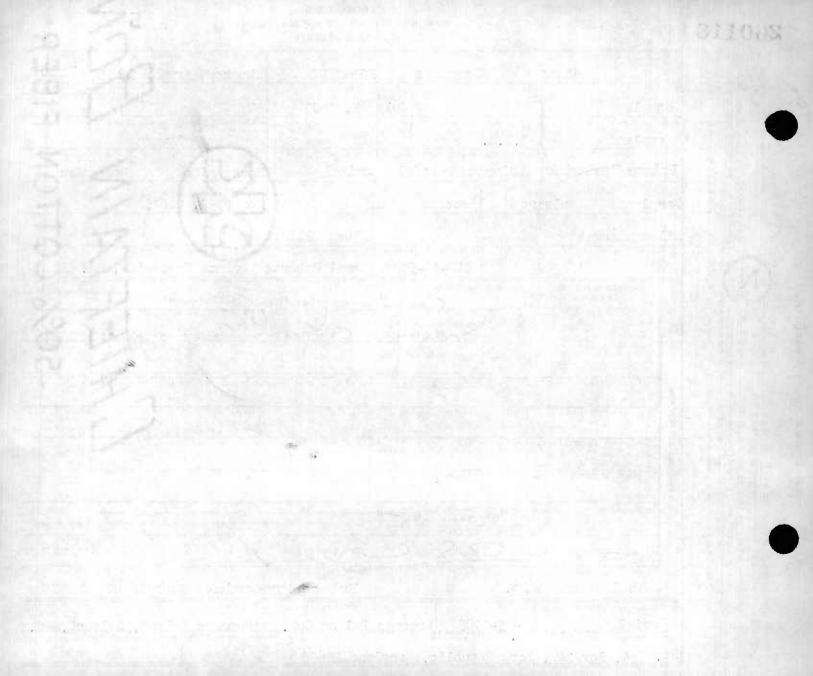
234 NAME OF CEMETERY OR CREMATORY

Prince Frederick, Maryland

23a BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) 9-05-Burial 9-05-1985 Broomes Island Cem. Broomes Island, Calvert, Md.

14 FUNERAL DIRECTOR DONALD V. BORGWARDT 1250 DATE REC'D BY REGISTRAR'S SIGNATURE

Rt. 264, Box 34B, Port Republic, Maryland 20676



FOR

- STATE

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

8 FUNERAL DIF

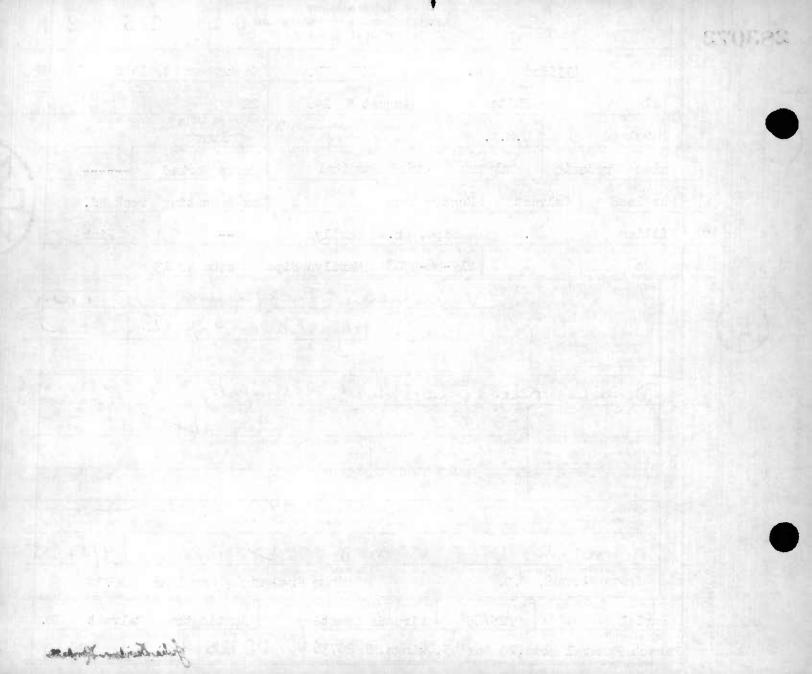
MPORTANT: (VRA 15, 4)

24 FUNERAL DIRECTOR

Rausch Funeral Home, PO Box 45,0 wings, MD 20736

REGISTRAR 1. DECEASED NAME LAST 20 DATE OF DEATH MONTH 25 HOUR TYPE OR PRINTS 12:44P ... William' September 23, 1985 N. SIPE. JR. 4. RACE 5. DATE OF BIRTH 3. SEX & AGE (IN YEARS LAST BIRTHDAY) IF LINDER LYEAR IF LINDER 24 HRS August 5 1963 Male White RIRTHPLACE ISLATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Maryland U.S.A. Calvert WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR Calvert Memorial Hospital INDUSTRY Prince Frederick Never Worked Box B Hunting Creek Rd 136 COUNTY 13d INSIDE CITY LIMITS? Maryland Calvert Huntingtown 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME William Sipe, Sr. Marilyn Fink N. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT NO OR UNKNOWN) HE YES GIVE WAR OR DATEST 217-86-9708 Marilyn Sipe same as 13 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) 1 do ossible Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPS 206. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ? HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PA 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION COUNTY STREET (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on. , and that in (my) (our) apinion death accurred on the date and how and from the causes stated obove, (1) (we) (did) (did not) view the bod 22b. SIGNATURE DE GREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 23 1 munch 22d PHYSICIAN'S NAME (TYPE OF PRINT Anwar Munshi, M.D. Prince Frederick, Maryland 20678 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY Burial 9/25/85 MD. Miranda Cemetery Huntingtown Calvert

DHMH - 16 60M 7/84



Donald R. Smith  Smith  Sex   Sacretine   Smith   Smit	### MEDICAL EXAMINER'S CERTIFICATE OPDEAN    Common   Com				FOR		L	EPARIME	NI OF HE		MENTALHY	the same	4	2 6	. 8	0 0	
Donald R. Smith  Donald	Donald R. Smith    Colar   March   Colar   Col		000400				MED	DICAL EX	AMINER	'S CERTIF	ICATE OF	FEEAT	H a	G NO	1	bia bia	
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STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE 280028 REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-Harold Franklin SMITH 26 10 85 DEATH MATED 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEADSeptember 26 1985 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Calvert WIDOWED [ DIVORCED TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Calvert Memorial Hospital Prince Frederick JSUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13d. INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME 7 INFORMAN **ADDRESS** 160. WAS DECEASED EVER IN U.S. ARMED FORCES? CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) APPROXIMATE INTERVA PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OR TO BURL YES NO [ 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my opinion death resulted fram: Natural couses Suicide A Homicide Undetermined manner TO FUNERAL DIRE SIGNATURE MEDICAL EXAMINER EXAMINER'S NAMEEMAD R. Al-Banna, M.D. ADDRESS Prince Frederick, 20678 230 BURIAL, CREMATION, REMOVAL 236 DATE ATE REC'D. BY REGISTRAR **DHMH - 17** (VR A15 ME (5)) 20M 4/B2

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#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

25724

	REGISTRAR			CEKITE	ICATE OF DEATH	REG. NO.		115
	1. DECEASED NAME FIR	tST A	NIDDLE	- (	AST	20. DATE OF DEATH MONTH	DAY YEAR	2b HOUR
ò	(TYPE OR PRINT)	rth	٧.	SMI	rh	Sept.	30,1985	3:15A M
f	3. SEX	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
-	Male	Negr	0	Jan		84 YR:	MONTHS DAYS	HOURS MIN.
)	70 BIRTHPLACE (STATE OR FOREIG COUNTRY)  Marvland	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY OR COUN		MD
	10 CITY OR TOWN OF DEATH  Lusby	11. NAME OF H	212 Lusby	ADDRESS)	DR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Gen. Merchant	GLIFE) INDUSTRY	OF BUSINESS OR
5		COUNTY Calvert	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Lusby		13d INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / ZIP CO	DDE 2	0657
0	14 FATHER'S NAME FIRST William	C.	Jefferson	n	15 MOTHER'S MAIDEN NA/ FIRST Martha	WIDDLE	Hutc	hins
	160 WAS DECEASED EVER IN U	I.S. ARMED FORCES? YES, GIVE WAR OR DATES!	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS		
4	no				Donald Jeffer	rson Box 211-A		
1	18. CAUSE OF DEATH LEF PART I. DEATH WAS C	CAUSED BY: MEDIATE CAUSE (a)	line for (o), (b), one	rdi	opalting	0	BETWEEN	XIMATE INTERVAL LONSET AND DEATH
		ote the post. (c)	AS A CONSEQUE	ten		INAL DISEASE OR CONDITION	GIVEN IN PART 1	10
1	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYI	1 196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b IF IN CER	YES, WERE FINDS RTIFYING CAUSE YES [	INGS USED S OF DEATH?
1		OF DEATH HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	
	OR CONTRIBUTINGCAUSE  [IF EITHER NOTIFY MEDICAL EX  21d INJURY OCCURRED  WHILENOT WHILE [ AT WORKAT WORK	21e. PLACE O			211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
			194	- 9	18.	death occurred an the date and h		
	22b. SIGNATURE	Ville	uco-	Y		MEDICAL STAFF DIRECTOR   PHYSICIAN	??c DATE	E SIGNED
	224 PHYSICIAN'S NAME				17* ADDRESS	The latest the second		
	Roberto	Villarrel,	MD	1	St.	Leonard, Maryl	and	
	230 BURIAL, CREMATION, REM	Oct. 5.			hns Chr. Cem.	23d LOCATION CITY OF TOWN Lusby	Calvert	Må

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR

(VRA 15, 4)

Spencer E. Sewell Box 31, Prince Frederick, Md

Oct. 5, 1985 St. Johns Chr. Cem.

Calvert

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4 moder, p	3. SE	MAIE	WH 17		5. DATE OF BIRTH	791	6. AGE (IN YEARS LAS	YRS.	MONTHS DAYS	OURS MIN.
11000	110. 407		us	WHAT COUNTRY?	MARRIED NEV	DIVORCED [	9. BALTIMORE CITY OR COUNTY OF DEATH  CAVER + CO MD.  1120. USUAL OCCUPATION 1125. KIND OF BUSINESS OR			
5	0	NCE FREDERIC		1. NAME OF HOSPITAL, NURSING LIF NOT IN SUCH FACILITY, GIVE STREET ADD CALVERY NEMOR		DORESSI //		(TYPE OF WORK FOR MOST OF WORKING LIFE)		
in 24 hours by filled in should be or must be	USU 13a.	AL RESIDENCE (IF NURSING HO	COUNTY alvert	13, CITY OR TOW		DE CITY LIMITS?	130. STREET ADDRE	\$39 C	TUERROW	PRd
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MORI ond Poges		VAS DECEASED EVER IN U.	S. ARMED FORCES?	214.03	JRITYNO. 17. INFOR	MANT IFO	th Westing	house	SAME 130	1
W. PRESTON ST., at the death certific by the attending ph se remove corbonp cremotion, or remo	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0								
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DR ATTENDI hospital an intectors. A cred for use opp. of Heal		220.1 certify that (I) (this saw the deceased all above, (I) (w e) (did) (c) 270.5 IGNATURE c	hospital) attended to ve an Side and view the bady	y after death.	DEGREE	ATTENDING PHYSICIAN		e date and hou		
TO HOSPITAL (retained by the TO FUNERAL Eshould be deton with the State ElimphoRTANT; if		BURIAL, CREMATION, REM			NAME OF CEMETERY		23d. LOCATION		COUNTY	STATE
BP		UNERAL DIRECTOR		85 CE	dar Hill	CEMETER!	BROOKLY,	N Park		MD
DHMH - 16 50M 4/B2 (VRA 15, 4)	7	.O. Rausch Fu	werel Hor	ME AGGRESS	DWINGSI	MD SFP	\$ 8 1005	Salia Tri	dan Por	- الله

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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE R

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	ECEASED NAME DE OR PRINT)	Jose	eph	W.	WIGHT	MAN,	JR.	20 DATE OF DEATH Septembe	MONTH	1985	3:45A
<sup>3 SE</sup> Male				5. DATE	OF BIRTH 29 AY 1918		6. AGE (IN YEARS LAST	BIRTHDAY) YRS.	IF UNDER LYEAR	IF UNDER 24 HRS HOURS MIN.	
Washington DD		WIDOW				VORCED	9 BALTIMORE CITY OR COUNTY OF DEATH Calvert				
				HOSPITAL, NURSING HOME OR OTHER INSTITUTION HEATTY MEMORIAL Hospital				126 USUAL OCCUPATION 126 KIND OF BUSINESS OF			
13 M	aryland	13b. CAU	ivert	HUHTIS		136 INSIDE C	ITY LIMITS?	13e.STREEROPSES	ZIP CODE	206	39
			ightman	SR. LAST			MAIDEN NAM Bernice	Angeloote		LAST	
	WAS DECEASED EVEL YEYES UNKNOWN)		MED FORCES? E WAR OR DATES)	213 O	8464	17 INFORMA Als		Nightman	aame a	s #13	
NO	Conditions, if ony gove rise to im couse (o), stoti underlying cous	v, which imediate ing the e lost	DUE TO, O  (b)  DUE TO, O  (c)	R AS A CONSI	EQUENCE OF	Infer	enst:	all M-	I.	EN IN PART TIO	
CERTIFICATION	190 DATE OF OPERA	MOIT	196 CONDITION FOR WHICH OPERATION			N WAS PERFORMED 200 AUTOPSY?  YES NO			20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO		
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HC		HOUR A.	The TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19  The PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE FARM, ETC.)		21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PAR  21f LOCATION  STREET CITY OF TOWN				COUNTY	STATE
	220. I certify that (1) (this hospital) attended the deceased from										
	Mukesh Mathur, M.D.					22e ADDRESS	HYSICIAN [	medical ST.	-		0678

230 NAME OF CEMETERY OR CREMATORY Southern Memorial Gardens

JHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. A should be detached for use with the State Dept. of Hea MPORTANT: IF H

s the buriol-tronsit permit The ond Mentol Hygiene prior to

DIVISION OF VITAL RECORDS

24 FUNERAL DIRECTOR
Rausch Funeral Home Owings DRESMd.

Sept 4, 85

230 BURIAL, CREMATION, REMOVAL BURAIL

Dunkirk Calvert Md. SE DATE REGID. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

236 LOCATION

